### Appendix E

Caution - Rad Signs INEEL - 042-13 WAGZ-Warm Wasterlong Keep Out

DATE/TI	me: <u>8/10/00</u>	am	
INSPECT	OR:		
	Neil Snyder	Project Engineer	WAGZ
	Printed Name	Title	Organization
INSPECT	OR:		
Val	Seeley P	roject TASK LEAD	WAG2
	Printed Name	Title	Organization
1.	WASTE SITE ID:	TRA-03	
2.	GROUP NUMBER (if ap	oplicable): WAG2	
3.	SITE DESCRIPTION:	n Waste Pond (	Sodiments)
4.	ROD LAND USE:	industrial land	use
5.	CURRENT LAND USE:	Industrial	
6.	CHECK THE INSTITUT	TIONAL CONTROLS REQUIRED I	FOR THE SITE:
	a. Visible Access Re	strictions:	11 man man ant
	b. Warning Signs	18 Signs	4 permanent granite Markers
	c. Fencing	Main INEEL Cate	3
	d. Control of Activiti	es	
	e. Comprehensive La	and Use Plan	
	f. Property lease or to	ransfer restrictions	
	g. Notice to affected	stakeholders	

# 4-Granite Markers/W/Brass @ Markeres inspedded

7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
	a. Visible Access Restrictions:
	a. Visible Access Restrictions:  b. Warning Signs  c. Fencing  Main Security  Cate
	c. Fencing Main Security Care
	d. Control of Activities
	e. Comprehensive Land Use Plan
	f. Property lease or transfer restrictions
	g. Notice to affected stakeholders (if applicable)
8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YESNO
9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YES NO
	Provide Map Number(s)
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
COM	IMENTS:
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD? EXPLAIN YES - RAD Sign Monumenta Marker
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROLLED AREA?
15.	ARE REQUIRED SIGNS INTACT AND READABLE? EXPLAIN

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?		
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?		
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?		
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?		
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:		
•	OOE-ID Directive, Management strol Procedure, Plan, Etc.)	NUMBER/TITLE	

DEFICIENCIES:	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AN HAVE BEEN OR WILL BE TAKEN TO CORRECT PROB	
Done	
IMPROVEMENTS:  DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONT.  NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBS.  INSPECTION:	ROL REQUIREMENTS THAT MAY BE ERVED DURING THE VISUAL
I certify that the above inspection report is true and a	ccurate to the best of my ability.
Mil Since	&1 10 100
Inspector signature	Date
Jal July Inspector signature	8/10/00)
Implector arguments	17810

WASTE SITE ID:	GROUP NUMBER:	
DATE: TIN	ME OF DAY( if applicable):	
WEATHER CONDITIONS	:	
ROLL NUMBER:	FILM TYPE	:
NUMBER OF EXPOSURE	S:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	Don't	
	A O	
	, Ki,	

# INSPECTION REPORT FORM FOR REMEDIATED SITES TRA WARM WASTE POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN

Annual Inspection of Warm Waste Pond

INSPECTION ACTIVITY	INSPECTOR SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
KEVEGELATED AREAS  1. Inspect for nongrowth areas.		8/10/60	The so an emgeneral
2. Inspect for sparse growth areas.			cover- No growth
3. Inspect for weed encroachment.	1		(Ro Ras)
RIPRAP BARRIER			
1. Inspect for erosion areas.			:
2. Inspect for subsidence areas.	X		
3. Inspect for biological intrusion.			
4. Inspect for effectiveness of surface water runoff.	)		
PERIMETER OF RIPRAP BARRIER			
<ol> <li>Perform perimeter surface radiological survey.</li> </ol>		8/8/00	
Printed Name of Inspector Na Set	eele	Phot	Photographs Taken

DATE/TI	ME: 8/10/00		
INSPECT	ror:		
	Neil Snyder	- Project Enginee	r WAG-Z
	Printed Name	Title	Organization
INSPECT	TOR:		
Val	Seeley	Project Task LEAD	WAC2
	Printed Name	Title	Organization
1.	WASTE SITE ID:	TRA-06	
2.	GROUP NUMBER (if	applicable): WAC2	
3.	SITE DESCRIPTION	emical Waste	Pond (TRA-701)
4. 5.	ROD LAND USE:CURRENT LAND US	$\hat{O}$	
6.	CHECK THE INSTITU	UTIONAL CONTROLS REQUIRE	D FOR THE SITE:
	a. Visible Access F	Restrictions:	
	b. Warning Signs c. Fencing	8 Signs (Kup)	Out w/site name)
	d. Control of Activ	ities	
	e. Comprehensive	Land Use Plan	_
	f. Property lease or	transfer restrictions	<del></del>
	g. Notice to affecte	d stakeholders	

	7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE.
		a. Visible Access Restrictions:
		b. Warning Signs 2 each colner
		b. Warning Signs <u>Deach</u> colner c. Fencing <u>N/A</u> Nam Cate
		d. Control of Activities
		e. Comprehensive Land Use Plan
		f. Property lease or transfer restrictions
		g. Notice to affected stakeholders (if applicable)
	8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YESNO
	9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YES NO
		Provide Map Number(s)
	10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
	COM	IMENTS:
	11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):
	12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?  EXPLAIN Science of the form the moved 1/2 of cover
E , D	13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN JUS INFEC, QUIZ-13 WAG Z
250	14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? EXPLAIN
. <i>[1</i>	15.	ARE REQUIRED SIGNS INTACT AND READABLE?EXPLAIN

18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?		
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?		
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:		
	OOE-ID Directive, Management atrol Procedure, Plan, Etc.)	NUMBER/TITLE	
		· ·	

ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? LOS EXPLAIN BASS COLOR

ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?

16.

17.

<b>DEFICIENCIES:</b>
----------------------

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE	
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:	weed Growth
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL RUNECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED INSPECTION:	DURING THE VISUAL
Aprilo to be re-sect	ded
I certify that the above inspection report is true and accurate	to the best of my ability.
Mil Suyar	8/10/00
Inspector signature	Date
Val Seeley	8/10/00
Inspector signature	Date

WASIESHEID:	GROUP NUMBER:	
DATE: TI	ME OF DAY( if applicable):	
WEATHER CONDITIONS	S:	····
ROLL NUMBER:	FILM TYPE	
NUMBER OF EXPOSURE	ES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

# INSPECTION REPORT FORM TRA CHEMCIAL WASTE POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN

Annual Inspection of Chemical Waste Pond Cover

DAOO DIO I DIO I DIO I DIO I DIO I DIO I DI I	CTION ACTIVITY SIGNATURE DATE COMMENTS/RECOMMENDED REPAIR	AREAS	1/2 ( \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			)VER	ion areas.	nal intrusion.	idence areas.	ctiveness of surface water	Inspector Val Seeley Photographs Taken X Yes X No
	INSPECTION ACTIVITY	REVEGETATED AREAS	1. Inspect for nongrowth areas.	2. Inspect for sparse growth areas.	3. Inspect for weed encroachment.	NATIVE SOIL COVER	1. Inspect for erosion areas.	2. Inspect for animal intrusion.	3. Inspect for subsidence areas.	4. Inspect for effectiveness of surface water runoff.	Printed Name of Inspector \\\Q\

DATE/TIN	ME: <u> </u>	2m	
INSPECTO	OR:		
	Neil Snyder	Project Engil	vaer WAGZ
	Printed Name	Title	Organization
INSPECT			
Nal	Seeley Pro	rect Task LEA	D WAG2
	{ Printed Name	Title	Organization
1.	WASTE SITE ID:	TRA - 08	
2.	GROUP NUMBER (if appli	icable): WAC 2	<del></del>
3.	SITE DESCRIPTION:	Vaste Dispos	sal Pond
	(TRA-702)		
4.	ROD LAND USE: Q	dustrial	
5.	CURRENT LAND USE:	Industre	<u>al</u>
6.	CHECK THE INSTITUTION	NAL CONTROLS REQUI	RED FOR THE SITE:
	a. Visible Access Restri	ctions:	
	b. Warning Signs		
	c. Fencing		
	d. Control of Activities		
	e. Comprehensive Land	Use Plan	·
	f. Property lease or tran	sfer restrictions	
	g. Notice to affected sta	keholders	

$\sim$	()	is the second of
i gra	7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
V) V		a. Visible Access Restrictions:
•		b. Warning Signs faded Sign  c. Fencing fenced w/ gate & gate
		c. Fencing fenced w/ gate a gate
		d. Control of Activities
		e. Comprehensive Land Use Plan
		f. Property lease or transfer restrictions
		g. Notice to affected stakeholders (if applicable)
	8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO
	9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YES NO
		Provide Map Number(s)
	10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
	COM	IMENTS:
	11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):
	12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?
	13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN
	14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? NO EXPLAIN ACCOUNTY  Only sign located at the gate area Completely
	15.	ARE REQUIRED SIGNS INTACT AND READABLE? NO EXPLAIN

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? EXPLAIN
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

DEFICIENCIES:	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLE	THE EFFORTS OR MEASURES THAT EMS:
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTRONECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSEINSPECTION:	OL REQUIREMENTS THAT MAY BE RVED DURING THE VISUAL
I certify that the above inspection report is true and acc	urate to the best of my ability.
Meil Singer	8/10/00
Inspector signature	Date
Jal Seeley	8/10/00
Inspector signature	Date

WASIE SITE ID:	GROUP NUMBER:	
DATE:TI	ME OF DAY( if applicable):	
WEATHER CONDITIONS	S:	
ROLL NUMBER:	FILM TY	PE:
NUMBER OF EXPOSURI	ES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	John C	
	K R C	

DATE/TI	ME: <u>8/10/0</u> 0	<u>)                                    </u>	
INSPECT	TOR:		
	Neil Snya	lar Project Eng	ineer WAGZ
	Printed Name	Title	Organization
INSPECT			
Val	Seeley	Project Took Load	WAG2
	Printed Name		Organization
1.	WASTE SITE ID:	TRA-13	
2.	GROUP NUMBER	(if applicable): WAG 2	<u> </u>
3.	SITE DESCRIPTIO	on: ewage Seach	Pondo (2) by
~	TRA-732	<u> </u>	<u> </u>
4.	ROD LAND USE: _	Industrial	
5.	CURRENT LAND U	JSE: Ondustria	<u> </u>
6.	CHECK THE INSTI	TUTIONAL CONTROLS REQU	IRED FOR THE SITE:
	a. Visible Acces		
	b. Warning Sign	s 12 Waren Wo	uning Sign
	c. Fencing	Main Cate	•
	d. Control of Act	tivities	
	e. Comprehensiv	ve Land Use Plan	
	f. Property lease	or transfer restrictions	
	g. Notice to affect	cted stakeholders	

<b>1</b>	NE	E 04213 wag 2 Sewage leach fond
	7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
		a. Visible Access Restrictions:
		b. Warning Signs Has 16 Segns
		c. Fencing Main Gate
		d. Control of Activities
a .		e. Comprehensive Land Use Plan
J. 300	)	f. Property lease or transfer restrictions
Phan		g. Notice to affected stakeholders (if applicable)
1.4.	8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO
	9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO
		Provide Map Number(s)
Brad	10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
	COM	IMENTS:
agists agists	11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):
~	12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? Velocities and State Action From 314 of Control
2	13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN 1000
	K14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROLLED AREA? EXPLAIN
1/ 1/A	15.	ARE REQUIRED SIGNS INTACT AND READABLE? VE EXPLAIN

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? EXPLAIN
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

<b>DEFICIENCIES:</b>	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS	E EFFORTS OR MEASURES THAT
	None
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVINSPECTION:	REQUIREMENTS THAT MAY BE ED DURING THE VISUAL
_ needs to be reserded	d -
Has weed growth	
U	
I certify that the above inspection report is true and accura	te to the best of my ability.
Mal Smith	8/10/00
Inspector signature	Date

WASTE SITE ID:	GROUP NUMBER:	
DATE: T	IME OF DAY( if applicable):	
WEATHER CONDITION	NS:	
ROLL NUMBER:	FILM TYPE	
NUMBER OF EXPOSUR	ES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	\ ix	

# INSPECTION REPORT FORM TRA SEWAGE LEACH POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN

over	COMMENTS/RECOMMENDED REPAIR		Jung to page of	からする	`	•		U					Photographs Taken X Yes □ No
Annual Inspection of Sewage Leach Pond Cover	INSPECTION DATE C		0 (00/01/8	2					<u> </u>	~		8/8/00)	Photograp
nnual Inspection of S	INSPECTOR'S SIGNATURE		۷.5	,									Beeley
Ar	INSPECTION ACTIVITY	REVEGETATED AREAS	1. Inspect for nongrowth areas.	2. Inspect for sparse growth areas.	3. Inspect for weed encroachment.	NATIVE SOIL COVER	1. Inspect for erosion areas.	2. Inspect for animal intrusion.	3. Inspect for subsidence areas.	4. Inspect for effectiveness of surface water runoff.	PERIMETER OF SOIL COVER	1. Perform surface radiological survey.	Printed Name of Inspector Va Se
							E	-23					

DATE/TI	ME: 8/10/07)	<u></u>	
INSPECT	TOR:		
<u>N</u>	ril Snyder	Project Ex	ginoa WAG7
	Printed Name	Title	Organization
INSPECT		0	
Val	Seeley	Project TASK L	EAD WAGZ
	Printed Name	Title	Organization
1.	WASTE SITE ID:	None	
2.	GROUP NUMBER (if app	olicable): WAG 2	_
3.	SITE DESCRIPTION	ach Pond So	il Contamination
	Ana.		
4.	ROD LAND USE:	strict Occupa	tional Access
5.	CURRENT LAND USE:	<i>y</i> "	
6.	CHECK THE INSTITUTI	ONAL CONTROLS REQUI	RED FOR THE SITE:
	a. Visible Access Rest	rictions:	
	b. Warning Signs		
	c. Fencing		
	d. Control of Activitie	s	
	e. Comprehensive Lar	nd Use Plan	· 
	f. Property lease or tra	ansfer restrictions	
	g Notice to affected s	takeholders	

7.	CHE	CK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
	a.	Visible Access Restrictions:
	b.	Warning Signs
	c.	Fencing
	d.	Control of Activities
	e.	Comprehensive Land Use Plan
	f.	Property lease or transfer restrictions
	g.	Notice to affected stakeholders (if applicable)
8.		THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?NO
9.	ARE	SURVEYED MAPS OF THE SITE AVAILABE? YES NO
	Provi	de Map Number(s)
10.		TO NUMBERS: Take photographs of each site, identify the date, time, location and ass orientation of each photograph in the attached photographic log.
COM	IMEN'	TS:
11.		remedial design, construction, O&M):
12.	in fea	Restrict Occupational ACCESS IERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes tures of original cover)?  AIN Sunce Team moused Cover
13.		ARNING SIGNS CLEARLY IDENTIFY A HAZARD?
14.		WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE ITUTIONAL CONTROL CONTROLLED AREA? YES EXPLAIN
15.	ARE	REQUIRED SIGNS INTACT AND READABLE? YOU EXPLAIN

==	
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?
16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? EXPLAIN

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

DEFICIENCIES:	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFOR HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:	TS OR MEASURES THAT
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIRE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURIN INSPECTION:	
Acea has weed grow	vth_
Dedo re-seeded	
I certify that the above inspection report is true and accurate to the l	est of my ability.
Mil Summer	8/10/00
Inspector signature	Date

WASTE SITE ID:	GROUP NUMBER:	<del></del>
DATE:T	TIME OF DAY( if applicable):	
WEATHER CONDITION	NS:	<del></del>
ROLL NUMBER:	FILM TYPE	·
NUMBER OF EXPOSU	RES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	KI	

# TRA SEWAGE LEACH POND AND SOIL CONTAMINAITON AREA, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN **INSPECTION REPORT FORM**

Annual Inspection of Soil Contamination Area

ION COMMENTS/RECOMMENDED REPAIR	Q	Photographs Taken Ⅸ Yes □ No
INSPECTION	8/8/	
INSPECTOR'S SIGNATURE		Seeley
INSPECTION ACTIVITY	INSTITUTIONAL CONTROLS  1. Perform surface radiation surveys.	Printed Name of Inspector VOL

DATE/TIME:	8/10/00	_			
INSPECTOR:					
	Neil Snyder	Project	Engineer	WAG-Z	
	Printed Name	Title	,	Organization	
INSPECTOR:					
Val S	eeley Pro	ert Task Li	2AP	WACZ	
	Printed Name	Title		Organization	
1. WA	ASTE SITE ID:	RA -15			
2. GR	OUP NUMBER (if applic	cable): WAG	2		
3. <u>SI</u>	re description: RA Hot Wax	ste Tanks	2,3,40	TRA 613	
CTRI	A-713B, 713C	and 7131	$\mathcal{L}$		
	d land use: Rest			Access	
	CURRENT LAND USE: Pestricted				
6. CHI	ECK THE INSTITUTION	NAL CONTROLS R	EQUIRED FOR	THE SITE:	
a.	Visible Access Restric	tions:			
<b>b.</b>	Warning Signs		`1	~ ^	
c.	Fencing	$\mathcal{Q}$	nside for	TKH Vl	
d.	Control of Activities _		,		
e.	Comprehensive Land U	Use Plan			
<b>f.</b>	Property lease or trans	fer restrictions			
g.	Notice to affected stake	eholders			



7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
	a. Visible Access Restrictions:
	a. Visible Access Restrictions:  b. Warning Signs  Warning Signs  Warning Signs
	c. Fencing Ropad of
•	d. Control of Activities
	e. Comprehensive Land Use Plan
	f. Property lease or transfer restrictions
	g. Notice to affected stakeholders (if applicable)
8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO
9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO
	Provide Map Number(s)
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
COM	IMENTS:
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):  Restrict Occupation occasion
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA?
15.	ARE REQUIRED SIGNS INTACT AND READABLE?EXPLAIN

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? EXPLAIN
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

DEFICIENCIES:	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AN HAVE BEEN OR WILL BE TAKEN TO CORRECT PROB	
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONT NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBS INSPECTION:	ROL REQUIREMENTS THAT MAY BE SERVED DURING THE VISUAL
I certify that the above inspection report is true and a	accurate to the best of my ability.
Me Anne	8110100
Inspector signature	Date
Val Seeley	8/10/00
Inspector signature	Date

WASTE SITE ID:	GROUP NUMBER:	
DATE:TIN	ME OF DAY( if applicable):	
WEATHER CONDITIONS	:	·
ROLL NUMBER:	FILM TYPE:	
NUMBER OF EXPOSURE	S:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	,	
	420	
	Ja a C	
	701	·

Was Warning Sign
There

Inside Building

WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIN	ME: <u>8/10/07</u>	) 	
INSPECT	OR:		
	Neil Snyder	Project Engineer	WAGZ
	Printed Name	Title	Organization
INSPECTO	OR:		
Val	Seeley Pro	yect Task LEAD	WAC2
	Printed Name	Title	Organization
1.	WASTE SITE ID:	TRA-19	
2.	GROUP NUMBER (if ap	oplicable): WAG 2	
3.	SITE DESCRIPTION:	Tanks   and 4 a	TRA630,
Re	placed by Tank		
4.	ROD LAND USE: RE	strict Occupation	730-2, 730-3, 730-4)
5.	CURRENT LAND USE:	D + C P	·
6.	CHECK THE INSTITUT	TONAL CONTROLS REQUIRED	FOR THE SITE:
	a. Visible Access Res	strictions:	r Protection Program
	b. Warning Signs		
	c. Fencing		
	d. Control of Activitie	es	
	e. Comprehensive La	nd Use Plan	
	f. Property lease or tr	ansfer restrictions	
	g. Notice to affected s	stakeholders	



7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:			
	c. Fencing  CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:  a. Visible Access Restrictions:  b. Warning Signs  C. Fencing  C. Fencing  C. Fencing  C. Signs  C. Fencing  C. Fenci			
	b. Warning Signs EAC Step local of Builting			
	c. Fencing Inside TRA Fence			
	d. Control of Activities			
	e. Comprehensive Land Use Plan			
	f. Property lease or transfer restrictions			
	g. Notice to affected stakeholders (if applicable)			
8. EX	ARE THE INSPITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YESNO			
λ 9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO			
)	Provide Map Number(s)			
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.			
COM	IMENTS:			
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):    House   Company   Company			
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?  EXPLAIN			
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN			
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA?			
15.	ARE REQUIRED SIGNS INTACT AND READABLE? $\sqrt{\omega}$ EXPLAIN			

16.	ARE REQUIRED BOUNDARY Mapplicable)? \(\lambda\) + EXPLAIN	MONUMENTS INTACT AND READABLE (if		
17.	ARE WORKERS IN RADIOLOG UNDER AN APPROVED WORK	ICALLY CONTROLLED AREAS OPERATING PERMIT?		
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?			
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?			
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:			
	OOE-ID Directive, Management atrol Procedure, Plan, Etc.)	NUMBER/TITLE		

<b>DEFICIENCIES:</b>	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROF	
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONNECESSARY DUE TO UNIQUE CIRCUMSTANCES OB INSPECTION:	
I certify that the above inspection report is true and	accurate to the best of my ability.
Mil Sny	8/10/00
Inspector signature	Date
Usl Seeley	8/10/00
Inspector signature	Date

WASTESHEID:	GROUP NUMBER:	
DATE: TIM	IE OF DAY( if applicable):	
WEATHER CONDITIONS	-	
ROLL NUMBER:	FILM TYPI	E:
NUMBER OF EXPOSURE	S:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	(	
	De St	
	7,28	

DATE/TI	IMIE: <u>8/10/60</u>	_	
INSPECT	, ΓOR:		
	Neil Snyder	Project Engineer	- WAGZ
	Printed Name	Title	Organization
INSPECT	TOR:		
Val	Seeley Project	MASK LEAD	WAC2
	Printed Name	Title	Organization
1.	WASTE SITE ID:	None	
2.	GROUP NUMBER (if app	licable): WAG-2	
3.	SITE DESCRIPTION:  BYASS	o Area	
	·	•	
4.	ROD LAND USE: ROS	rict Occupation	nal Access
5.	CURRENT LAND USE: _	Kestricted	<del>,,,,</del>
6.	CHECK THE INSTITUTION	ONAL CONTROLS REQUIRE	D FOR THE SITE:
	a. Visible Access Restr	rictions:	
	b. Warning Signs		
	c. Fencing		
	d. Control of Activities		
	e. Comprehensive Land	d Use Plan	_
	f. Property lease or tran	nsfer restrictions	
	g. Notice to affected sta	akeholders	

7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
	a. Visible Access Restrictions:
	b. Warning Signs
	c. Fencing loved of Idan CO
	d. Control of Activities Gate
	e. Comprehensive Land Use Plan
	f. Property lease or transfer restrictions
	g. Notice to affected stakeholders (if applicable)
8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO
9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO
	Provide Map Number(s)
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
<u>ÇON</u>	IMENTS:
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):  Restrict Occupational Access
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN YEAR SOUL ACCOUNTY.
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROLLED AREA? VELOCITY EXPLAIN
15.	ARE REQUIRED SIGNS INTACT AND READABLE? EXPLAIN

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? U/A EXPLAIN
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
	·

DEFICIENCIES:	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEM	
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVINSPECTION:	
I certify that the above inspection report is true and accur	ate to the best of my ability.
Mil Imm	8/10/00
Inspector signature	Date
(h) Seely	8/10/100
Inspector signature	Date

WASTE SITE ID:	GROUP NUMBER:	
DATE:TIM	ME OF DAY( if applicable):	
WEATHER CONDITIONS	:	
ROLL NUMBER:	FILM TYPE	
NUMBER OF EXPOSURE	S:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	(	
	1 of	

Instruction tod Construction tod Not Inspected

		<b>4.13</b>	
DATE/TI	ME: 8/10/00		
INSPECT	OR:		
	leil Snyder	Project Enginer	r WAGZ
	Printed Name	Title	Organization
INSPECT	OR:	<b>^</b>	4 4 .
Val	Seeleyt	rojed TASK lea	ad WACZ
	Printed Name	Title	Organization
1.	WASTE SITE ID:	NONE	_
2.	GROUP NUMBER (if app	olicable): WAG 2	<del>-</del>
3.	SITE DESCRIPTION:	Spill a	TRA-619
4.	ROD LAND USE:	Industrial	· · · · · · · · · · · · · · · · · · ·
5.	CURRENT LAND USE: _		
6.	CHECK THE INSTITUTE	ONAL CONTROLS REQUIR	ED FOR THE SITE:
	a. Visible Access Rest	rictions:	
	b. Warning Signs		
	c. Fencing		
	d. Control of Activities	S	
	e. Comprehensive Lan	d Use Plan	
	f. Property lease or tra	nsfer restrictions	<del></del>
	g. Notice to affected st	akeholders	

	8/10/00 - In Construction Area Pot inspected 9/7/00 — In Construction Area
	9/7/00 - In Construction Area
7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
	a. Visible Access Restrictions:
	b. Warning Signs
	c. Fencing
	d. Control of Activities
	e. Comprehensive Land Use Plan
	f. Property lease or transfer restrictions
	g. Notice to affected stakeholders (if applicable)
8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  YES NO per Photo
9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YES NO
	Provide Map Number(s)
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
COM	MMENTS:
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No hor - kest in the site of the state of
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?  EXPLAIN Construction Acea — Near by
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? EXPLAIN
15.	ARE REQUIRED SIGNS INTACT AND READABLE?EXPLAIN

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? EXPLAIN		
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?		
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?		
19.	HAVE REQUIRED NOTICES BE APPLICABLE)?	EN SENT TO AFFECTED STAKEHOLDERS (IF	
20.		PROCEDURES IMPLEMENTING INSTITUTIONAL PLACE?LIST THE APPLICABLE DOE-ID ES:	
	OE-ID Directive, Management trol Procedure, Plan, Etc.)	NUMBER/TITLE	

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
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<u>DEFICIENCIES:</u>	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS	
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVINSPECTION:	
I certify that the above inspection report is true and accura	ate to the best of my ability.
Mil Sugar	8/10/00
Inspector signature	Date
Val Seeley	8/10/00
Inspector signature	9/Date

WASTE SITE ID:	GROUP NUMBER:	·
DATE:TIM	E OF DAY( if applicable):	
WEATHER CONDITIONS		
ROLL NUMBER:	FILM TYPE	:
NUMBER OF EXPOSURE	S:(	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	2 or 0	
·		

· global this have RAD signo or just roped of.

DATE/TI	ME: 8/10/00		
INSPECT	OR:		
	Neil Smyde	r Project Engi	neer WAGZ
	Printed Name	Title	Organization
INSPECT	OR:		
Jal S	Seeley -	Project Task lea	d WAGZ
	Printed Name	Title	Organization
1.	WASTE SITE ID:	NONE	
2.	GROUP NUMBER (if a	pplicable): WAG 2	=
3.	SITE DESCRIPTION:	PCB Soill	D TRA-626
4.	ROD LAND USE:	mdustria !	
5.	CURRENT LAND USE	Industria	
6.	CHECK THE INSTITU	TIONAL CONTROLS REQUI	RED FOR THE SITE:
	a. Visible Access Re	estrictions:	
	b. Warning Signs		
	c. Fencing		
	d. Control of Activit	ties	
	e. Comprehensive L	and Use Plan	
	f. Property lease or	transfer restrictions	
	g. Notice to affected	l stakeholders	

9/1/00 Had Signs

7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:	
	a. Visible Access Restrictions:	
	b. Warning Signs	
	c. Fencing Roped of area	
	d. Control of Activities	
	e. Comprehensive Land Use Plan	
	f. Property lease or transfer restrictions	
	g. Notice to affected stakeholders (if applicable)	
8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTION YES NO	NAL?
9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO	
	Provide Map Number(s)	
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, loc compass orientation of each photograph in the attached photographic log.	ation and
CON	MENTS:	
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT TO (e.g., remedial design, construction, O&M): NO ACTION — Kest	ric+
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation mark in features of original cover)? UC	d USEs, changes
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAINU //	
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TINSTITUTIONAL CONTROL CONTROLLED AREA? EXPLAIN	O THE
15.	ARE REQUIRED SIGNS INTACT AND READABLE? Vec	

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?EXPLAIN
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
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DEFICIENCIES:	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFF HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:	FORTS OR MEASURES THAT
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQU NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DU INSPECTION:	
I certify that the above inspection report is true and accurate to	the best of my ability.
Mel Sugar	8/10/00
Inspector signature	Date
Od Seeley	8/10/00
Inspector signature	9/7/N

WASTE SITE ID:	GROUP NUMBER:	
DATE:T	ME OF DAY( if applicable):	
WEATHER CONDITIONS	S:	
ROLL NUMBER:	FILM TYPE	:
NUMBER OF EXPOSURE	ES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
·		

DATE/TI	ME: 8/10/00				
INSPECT	OR:				
	Veil Snyder	Project E	Engineer	WAG	2
	Printed Name	Title		Organiz	ation
INSPECT	or: Seeley	Project last lead		NAG2	
	Printed Name	Title		Organiz	ation
1.	WASTE SITE ID:	None			
2.	GROUP NUMBER (if a	pplicable): LDA	62		
3.	SITE DESCRIPTION:	PCB S	Spill	@ T	<u>RA -65</u> 3
4.	ROD LAND USE:	ndustric			·····
5.	CURRENT LAND USE	: Indust	riál	<del></del>	
6.	CHECK THE INSTITU	TIONAL CONTROLS	REQUIRED F	OR THE SITE:	
	a. Visible Access Re	estrictions:			
	b. Warning Signs				
	c. Fencing				
	d. Control of Activit	ies			
	e. Comprehensive L	and Use Plan	·		
	f. Property lease or t	ransfer restrictions		_	
	g Notice to affected	stalcaholdara			

ECS SIGN

7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
	a. Visible Access Restrictions:
	b. Warning Signs <u>ECS</u> Segre
	c. Fencing
	d. Control of Activities
	e. Comprehensive Land Use Plan
	f. Property lease or transfer restrictions
	g. Notice to affected stakeholders (if applicable)
8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO
9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO
	Provide Map Number(s)
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
CON	MMENTS:
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): NO Action - Kestrict and USE
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? EXPLAIN
15.	ARE REQUIRED SIGNS INTACT AND READABLE?EXPLAIN

E-ID Directive, Management ol Procedure, Plan, Etc.)	NUMBER/TITLE	
ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:		
HAVE REQUIRED NOTICES BE APPLICABLE)?A///-	EEN SENT TO AFFECTED STAKEHOLDERS (IF	
ARE ONLY DOE-RAD WORKER RADIOLOGICALLY CONTROL	R TRAINED INDIVIDUALS OPERATING IN LED AREAS?	
ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?		
ARE REQUIRED BOUNDARY Napplicable)?	MONUMENTS INTACT AND READABLE (if	

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

DEFICIENCIES:	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EF HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:	FORTS OR MEASURES THAT
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQ NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED D INSPECTION:	
I certify that the above inspection report is true and accurate to	the best of my ability.
Mut I may	x   10/00
Inspector signature	Date
Val Seeley	8/10/00
Inspector signature	Date

WASTE SITE ID:	GROUP NUMBER:	
DATE: TII	ME OF DAY( if applicable):	
WEATHER CONDITIONS	S:	
ROLL NUMBER:	FILM TYPE	:
NUMBER OF EXPOSURE	es:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

DATE/TIME:	8/10/00		
INSPECTOR:	<b>:</b>		
Neil	Snyder	Project Engineer	WAGZ
	Printed Name	Title	Organization
INSPECTOR:	See ley	Project TASKload	WAG2
	Printed Name	Title	Organization
1. W	ASTE SITE ID:	TRA-04	
2. G	ROUP NUMBER (if	applicable): WAG 2	
3. <u>S</u>	ITE DESCRIPTION	m Waste Retention	U Basin
Sw	0	Sedimento (TR)	9-712)
4. R	OD LAND USE:	enclustrial ()	
5. CI	URRENT LAND US	E: Industrial	
6. CI	HECK THE INSTITU	UTIONAL CONTROLS REQUIRED FO	OR THE SITE:
a.	Visible Access F	Restrictions:	
<b>b.</b>	Warning Signs		
c.	Fencing		
d.	Control of Activ	ities	
e.	Comprehensive	Land Use Plan	
f.	Property lease or	r transfer restrictions	-
g.	Notice to affecte	d stakeholders	



•	7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:		
		a. Visible Access Restrictions:		
100		b. Warning Signs HOTH		
Correct	_	c. Fencing W/A		
Corre		d. Control of Activities		
12(1)		e. Comprehensive Land Use Plan		
		f. Property lease or transfer restrictions		
	,	g. Notice to affected stakeholders (if applicable)		
( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>8</b> .	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO		
78 C	9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO		
S.E.	)	Provide Map Number(s)		
Str	10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.		
	COM	MMENTS:		
	11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action - Kestrict land use		
	12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?		
	13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN		
	14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? EXPLAIN		
	15.	ARE REQUIRED SIGNS INTACT AND READABLE? VES EXPLAIN		

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? EXPLAIN
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
	·

<u>DEFICIENCIES:</u>	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLE	
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTRO NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSER INSPECTION:	OL REQUIREMENTS THAT MAY BE EVED DURING THE VISUAL
I certify that the above inspection report is true and acc	urate to the best of my ability.
Mit Sunc	8/10/00
Inspector signature	Date
the Seeley	8/10/00
Inspector signature	Date

WASTE SITE ID:	GROUP NUMBER:	
DATE:TI	ME OF DAY( if applicable):	
WEATHER CONDITIONS	S:	
ROLL NUMBER:	FILM TYPE	:
NUMBER OF EXPOSURI	ES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	0 0 0	
	, t <sub>3</sub> ,	

DATE/TI	IME: 8/10/00		
INSPECT	ΓOR:		
	Neil Snyder	Project Engineer	WAG 2
	Printed Name	Title	Organization
INSPECT	FOR:		
Jal ?	Seeley Proje	ct TASK LEAD	WAC2
	Printed Name	Title	Organization
1.	WASTE SITE ID:	TRA-34	
2.	GROUP NUMBER (if applic	able): WAC 2	
3.	SITE DESCRIPTION:	ith Storage	Aroa
4. 5.	ROD LAND USE:CURRENT LAND USE:	Justrial Ondustrial	
6.	CHECK THE INSTITUTION	IAL CONTROLS REQUIRED	FOR THE SITE:
	a. Visible Access Restrict	tions:	
	b. Warning Signs		
	c. Fencing		
	d. Control of Activities _		
	e. Comprehensive Land U		
	f. Property lease or transf	fer restrictions	
	g. Notice to affected stake	eholders	

	7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE.
AND CO		a. Visible Access Restrictions:  b. Warning Signs Yea  c. Fencing Roped of area
XXXX		c. Fencing Roped of area
<i>,</i> ~.		d. Control of Activities
		e. Comprehensive Land Use Plan
		f. Property lease or transfer restrictions
		g. Notice to affected stakeholders (if applicable)
	8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO
	9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO
		Provide Map Number(s)
	10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
	COM	IMENTS:
	11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):  Restrict land use
	12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?
	13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN
	14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROLLED AREA? (LILL) EXPLAIN
	15.	ARE REQUIRED SIGNS INTACT AND READABLE? (EXPLAIN

16.	applicable)? EXPLAIN
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? $N/N$
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: O QUANTO DO O CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: O QUANTO DO O CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: O QUANTO DO O CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: O QUANTO DO O CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: O QUANTO DO O CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: O QUANTO DO O CONTROL RESTRICTIONS IN PLACE?LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: O QUANTO DO O CONTROL RESTRICTIONS IN PLACE?

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE	
	·	

DEFICIENCIES:			
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THA HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:			
IMPROVEMENTS:			
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTR NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSE INSPECTION:			
I certify that the above inspection report is true and ac	curate to the best of my ability.		
Med Loyce	8/10/00		
Inspector signature	Date		
Oal Seely	8/10/00		
Inspector signature	Date		

WASTE SITE ID:	GROUP NUMBER:	
DATE:T	IME OF DAY( if applicable):	
WEATHER CONDITION	is:	
ROLL NUMBER:	FILM TYPE	3:
NUMBER OF EXPOSUR	ES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	a list	
	the state of the s	

DATE/T	IME: <u>8/10/00</u>	-			
INSPEC	гоr:				
	Neil Snyder	Project Engineer	WAGZ		
	Printed Name	Title	Organization		
INSPECT	ror:				
Val	Seeley Proje	er! Task Lead	WAG2		
	Printed Name	Title	Organization		
1.	WASTE SITE ID:	None			
2.	GROUP NUMBER (if applic	cable): WAG2			
3.	SITE DESCRIPTION:	re Site			
_	$\cap$	, A			
4.	ROD LAND USE: Industrial				
5.	CURRENT LAND USE:				
6.	CHECK THE INSTITUTION	NAL CONTROLS REQUIRED I	FOR THE SITE:		
	a. Visible Access Restric	tions:			
	b. Warning Signs				
	c. Fencing				
	d. Control of Activities _				
	e. Comprehensive Land U	Use Plan			
	f. Property lease or transf	fer restrictions	<u> </u>		
	Notice to affected stake	eholders			

7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:	
	a. Visible Access Restrictions:	
	b. Warning Signs	
	c. Fencing	
	d. Control of Activities	
	e. Comprehensive Land Use Plan	
	f. Property lease or transfer restrictions	
	g. Notice to affected stakeholders (if applicable)	
8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO	
9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YESNO	
	Provide Map Number(s)	
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.	
COM	IMENTS:	
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M):	
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?   EXPLAIN	
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN	
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? EXPLAIN	
15.	ARE REQUIRED SIGNS INTACT AND READABLE? EXPLAIN	

	CONTROL RESTRICTIONS IN I		
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? LIST THE APPLICABLE DOE-ID		
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?		
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?		
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?		
	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?   EXPLAIN		
16.			

DEF	ICIEN	<b>ICIES:</b>

PROVIDE A DESCRIPTION OF ANY DEFICIENCIE HAVE BEEN OR WILL BE TAKEN TO CORRECT P	S AND THE EFFORTS OR MEASURES THAT ROBLEMS:
<u>IMPROVEMENTS:</u>	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL C NECESSARY DUE TO UNIQUE CIRCUMSTANCES INSPECTION:	ONTROL REQUIREMENTS THAT MAY BE OBSERVED DURING THE VISUAL
I certify that the above inspection report is true a	and accurate to the best of my ability.
Mr Suys	8/10/00
Inspector signature	Date
Val Seeley	8/10/00
Inspector signature	Date

## SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID:	GROUP NUMBER:	
DATE: TI	ME OF DAY( if applicable):	
WEATHER CONDITIONS	S:	
ROLL NUMBER:	FILM TY	PE:
NUMBER OF EXPOSURE	ES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	N. A	
	On of	

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TI	ме: <u>9/10/00</u>	_	
INSPECT	OR:		
	leil Snyder	Project Engi	veer WAGZ
	Printed Name	Title	Organization
INSPECT	TOR:		
Va	1 Seeley	Project TASKLA	ad WAG2
	Printed Name	Title	Organization
1.	WASTE SITE ID:	Rone	
2.	GROUP NUMBER (if appli	icable): WAG 2	
3.	STRE DESCRIPTION:	nd Snake	River
	Aquiler 6	fround wate	<u>L</u>
4.	ROD LAND USE:	/	ling
5.	CURRENT LAND USE:		
6.	CHECK THE INSTITUTIO	NAL CONTROLS REQU	JIRED FOR THE SITE:
	a. Visible Access Restri	ctions:	
	b. Warning Signs _		
	c. Fencing		
	d. Control of Activities		
	e. Comprehensive Land	Use Plan	<del></del>
	f. Property lease or tran	sfer restrictions	
	g. Notice to affected sta	keholders	

7.	CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
	a. Visible Access Restrictions:
	b. Warning Signs
	c. Fencing
	d. Control of Activities
	e. Comprehensive Land Use Plan
	f. Property lease or transfer restrictions
	g. Notice to affected stakeholders (if applicable)
8.	ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL? YES NO
9.	ARE SURVEYED MAPS OF THE SITE AVAILABE? YES NO
	Provide Map Number(s)
10.	PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.
CON	IMENTS:
11.	PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): ACTION WITH MODITORING
12.	IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?
13.	DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  EXPLAIN
14.	ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? WE EXPLAIN
15.	ARE REQUIRED SIGNS INTACT AND READABLE? U/A EXPLAIN

16.	ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?EXPLAIN
17.	ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT?
18.	ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS?
19.	HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)?
20.	ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? 125 LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
DOFID-10626	Ground Water Monitoring Plan. For Test Reactor Area Operable Whit 2-13
·	
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DEFICIENCIES:	
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS	
N/A	
IMPROVEMENTS:	
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVINSPECTION:	REQUIREMENTS THAT MAY BE ED DURING THE VISUAL
I certify that the above inspection report is true and accura	ate to the best of my ability.
May Sun	81 10/00
Inspector signature	Date
Chel Seeley	8//0/00
Inspector signature	Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SHEID:	GROUP NUMBER:	
DATE: T	IME OF DAY( if applicable):	
WEATHER CONDITION	S:	
ROLL NUMBER:	FILM TYPE:	:
NUMBER OF EXPOSUR	ES:	
PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	Car Det	
	Prox UN	
	, 1/2/,	

# Appendix F

Minutes from September 19, 2000 WAG 2 Regional Project Manager Meeting

### Conference Call September 19, 2000 WAG 2

Attendees:

Glen Nelson

DOE-ID (via telephone)

Julie Sherwood

BBWI WAG 2 Project Manager

Daryl Koch

IDEQ (via telephone)

Rick Poeton Neil Snyder EPA Region 10 (via telephone) BBWI WAG 2 Project Engineer

Val Seeley

BBWI System Engineer

Gary Robinson

BBWI Environmental

Subject:

Operations and Maintenance Plan

DOE-ID, EPA and IDEQ consensus was reached on the following items:

- ◆ OU 2-13 does not require the preparation and submittal of an Operations and Maintenance Report due to the nature of the remedial action taken at TRA and per the interpretation of the Remedial Design and Remedial Action Guidance for the Idaho National Engineering Laboratory (DOE/ID/12584-152 Rev 2). Instead of the Operational & Maintenance Report, an Institutional Controls Monitoring Report will be submitted annually for 5 years. During the five-year review, the schedule for preparation and submittal of future Institutional Control Monitoring Reports will be determined and documented (annually, every 5 years, etc.). "The Operations and Maintenance Plan for the Final Selected Remedies and Institutional Controls at Test Reactor Area, Operable Unit 2-13" DOE/ID-10658 Section 7 page 7-1 will be revised to replace "O&M Report" with "Institutional Controls Monitoring Report" in paragraph one and paragraph two.
- ◆ The new WAG 2 sites TRA-56 through 60 will remain designated as Operable Unit 2-14 because they were designated such in the signed New Site Identification Forms for each site. The DOE and Agencies will not develop an OU 2-14 RI/FS or ROD. The new WAG 2 sites will be incorporated into another WAG Comprehensive RI/FS or into an amendment to the OU 2-13 ROD. The ultimate decision of where these sites will be evaluated will be made in the Track 1 or Track 2 decision statements or cover letters when more information has been obtained regarding the potential risk at these sites.
  - The fact that the new site identification form for TRA-61 will not be signed and that TRA-60 will remain a Track 2 investigation while TRA-56 through 59 will have a Track 1 performed was restated and all agreed.

Signs not specifically required by the ROD or an institutional control plan may be removed from no action sites. The "No Action" sites at the WAG 2 will be surveyed and photographed and signs will be removed. These actions will be documented in the OU 2-13 Institutional Controls Monitoring Report."

#### **DECISIONS:**

- 1) No Operations and Maintenance Report will be required for WAG 2.
- 2) Section 7 of the Operations and Maintenance (O&M) Plan will be revised
- 3) An annual Institutional Control Monitoring Report will be provided to the State of Idaho Department of Environmental Quality and the EPA Region 10.
- 4) The list of "No Action" sites in Table 4-1 of the OU 2-13 ROD, do not require institutional control sign. All signs at these sites may be removed.
- 5) New sites TRA 56 through TRA 59 will be Track 1 and TRA 60 will continue as Track 2.
- The Scope of Work (SOW) and the Field Sampling Plan (FSP) will be revised with the caveat that implementation of the SOW and FSP related to TRA-56 through TRA-59 is contingent upon the outcome of the respective Track 1 evaluations. These documents will become final documents at the time of the revision.